



**DIVISION OF  
MEDICAID  
& HEALTH  
FINANCING**

**2019 Access Monitoring Review Plan**

**Access Monitoring Review Plan**



**Key Dates**

Publish for public comment	8/12/2019
Present draft plan to MCAC	8/15/2019
Public comment ends	9/15/2019
Submit to CMS	9/30/2019

<https://medicaid.utah.gov/uamrp-utah-access-monitoring-review-plan>

## Fee-For Service Population



- The Access to Care regulation only applies to a state's Fee-For-Service Population
- In State Fiscal Year (SFY) 2017 DMHF served an average of 325,275 members per month or 11% of the State population with total expenditures of approximately \$2.6 billion
- Managed Care currently represents 80% of the State Medicaid population and 100% of the CHIP population, all of the state's Urban counties are part of mandatory Managed Care
- There are 29 counties total in Utah, 13 counties are mandatory Managed Care Counties
- Managed Care Counties were removed from the access to care analysis

## Fee-For Service Population



- 95% of Medicaid recipients receive behavioral health care through a prepaid mental health plan and not analyzed for the purpose of this plan
- The AMRP excludes waiver programs per Section 1902(a)(30)(A) of the Social Security Act
- Separate CMS initiatives have addressed the framework for Medicaid managed care and HCBS programs
- The remaining 16 FFS counties are divided into two categories
  - Frontier Counties
  - Rural Counties

## Data Sources



- The analysis will use data established in 2019 that considers total provider data for Medicaid and the Utah market along with information from the Consumer Satisfaction Report of Utah Health Plans (CAHPS)
- A series of logistic regression models will examine the level of services provided to Medicaid members
- Comparable reimbursement data from the All Payers Claims Database (APCD) will be included to contextualize reimbursement rates and their effect on access to care to Medicaid members
- The estimated parameters from these models will be used subsequently to monitor and predict changes in access to care due to reimbursement rate changes

## Data Model



- An access to care composite index was constructed to establish a baseline and to measure changes in access to care in accordance with 42 CFR 447.203(b)(1)(i) through (iii) and 447.203(b)(4)
- The index is composed of four elements which are broken down into each geographic region by area of service
- The data used is compiled from 2017 and 2018
- For the baseline, each one of these components is weighted equally and the baseline is set equal to 100
- The threshold for flagging a potential access issue occurs in the event the access index differential becomes greater than 25%



# Baseline Index Raw Data 2017-2018

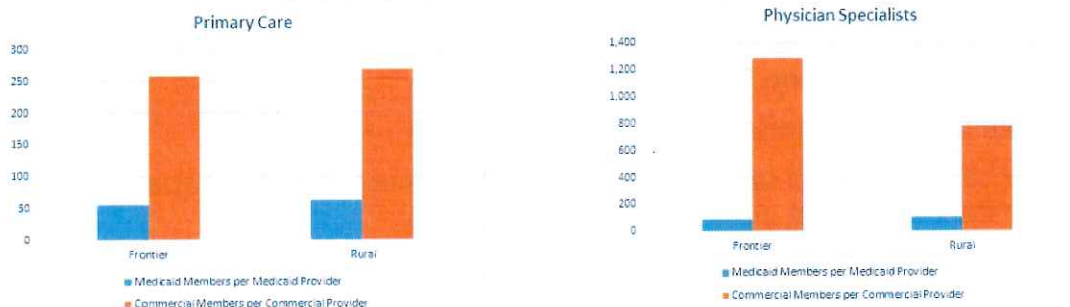


Table 4: Baseline Index Raw Data 2017-2018

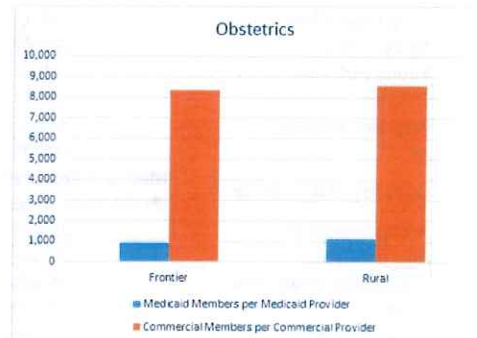
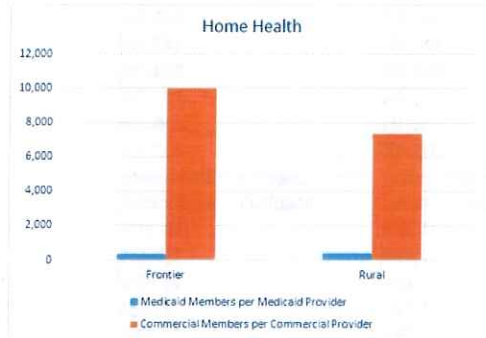
Location	Service Type	Medicaid Members per Medicaid Provider	Commercial Members per Commercial Provider	Medicaid Claims per Medicaid Provider	Commercial Claims per Commercial Provider
Frontier	Home Health	335.59	9,993.80	121.02	112.60
Frontier	Obstetrics	922.88	8,328.17	217.69	750.83
Frontier	Primary Care	54.09	257.57	221.05	531.75
Frontier	Physician Specialist	82.49	1,281.26	73.78	629.97
Rural	Home Health	375.38	7,348.14	147.67	47.86
Rural	Obstetrics	1,126.15	8,572.83	292.46	366.33
Rural	Primary Care	62.30	269.30	296.11	607.50
Rural	Physician Specialist	97.60	779.35	109.61	289.98
Cache, Rich, Box Elder Counties	Substance Abuse	1,050.41	946.00	90.35	203.17
Wasatch County	Mental Health	167.55	1,077.88	57.00	152.69

Due to limitations with APCD data used in this analysis, commercial behavioral health data is not limited to substance use treatment services.

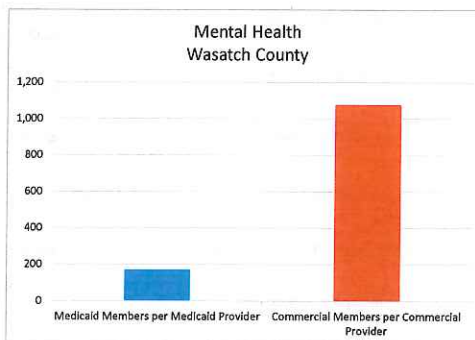
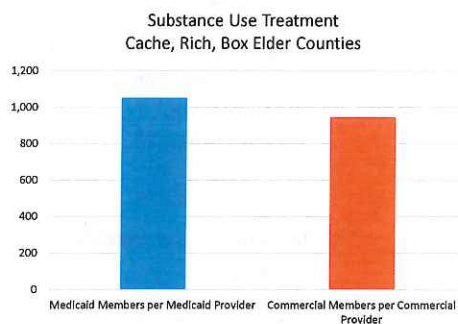
## Provider Ratios



## Provider Ratios



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## Further Analysis By Subgroup



Example Table: Frontier Primary Care			
Category of Assistance	Medicaid Service Penetration Rates	Commercial Service Penetration Rates	Percentage Point Difference Medicaid-Commercial
Adults Age 19-64	436.1%	206.4%	229.7%
Adults Age 65+	653.6%	206.4%	447.1%
Adults with Disabilities	600.6%	206.4%	394.2%
Children	324.1%	206.4%	117.7%
Pregnant Women	745.5%	206.4%	539.0%
All	408.7%	206.4%	202.3%
Category of Assistance	Medicaid Provider Penetration Rates	Commercial Provider Penetration Rates	Percentage Point Difference Medicaid-Commercial
Adults Age 19-64	10.60%	0.39%	10.21%
Adults Age 65+	27.44%	0.39%	27.05%
Adults with Disabilities	15.89%	0.39%	15.50%
Children	3.00%	0.39%	2.61%
Pregnant Women	72.99%	0.39%	72.61%
All	1.85%	0.39%	1.46%

## Further Analysis By Subgroup



Service Type	Claims Per Member	Providers Per Member
Primary Care	All Subgroups	All Subgroups
	Access Compliant	Access Compliant
Specialists	All Subgroups	All Subgroups
	Access Compliant	Access Compliant
Home Health	*Further explanation needed	All Subgroups
		Access Compliant
Obstetrics	*Further explanation needed	All Subgroups
		Access Compliant
Substance Use Treatment	*Further explanation needed	*Further explanation needed
Mental Health	All Subgroups	All Subgroups
	Access Compliant	Access Compliant



## Home Health Services Access Issues Discovered As a Result of This Review



The analysis demonstrates that Medicaid members as a whole, are accessing home health services at a rate 34.9 percentage points higher in frontier counties and 38.7 percentage points higher in rural counties than the commercially insured population. Staff has become aware of the service penetration rate for pregnant women in Frontier Counties, although not statistically significant enough to indicate an access deficiency (less than a 1 percentage point difference) it is currently lower than the commercially insured population. This is most likely due to the data limitation that prevents comparable analysis of Medicaid aid category groups with commercial. Over 90% of home health Medicaid utilizers fall into the aid categories of visually impaired and people with disabilities or the elderly. The provider penetration for Medicaid is 0.29 percentage points higher in frontier counties and 0.25 percentage points higher than the commercial provider penetration.

The analysis demonstrates the State's compliance with the access standard in Section 1902(a)(30)(A).

## Obstetrics Services Access Issues Discovered As a Result of This Review



The analysis demonstrates that Medicaid members as a whole, are accessing obstetric services at a rate 14.6 percentage points higher in frontier counties and 21.7 percentage points higher in rural counties than the commercially insured population. Staff has become aware of the service penetration rate for children in Frontier counties. This is an important measure of access for teenagers who have not yet reached their 19th birthday. Although not significant enough to indicate an access deficiency, it is currently lower than the commercially insured population. This is most likely due to the data limitation that prevents comparable analysis of Medicaid aid category groups with commercial. The provider penetration for Medicaid is 0.1 percentage points higher in frontier counties and 0.08 percentage points higher than the commercial provider penetration.

The analysis demonstrates the State's compliance with the access standard in Section 1902(a)(30)(A).

## Mental Health/Substance Use Treatment Services Access Issues Discovered As a Result of This Review



The analysis demonstrates that Medicaid members as a whole are accessing substance use treatment services in the three counties identified at a rate 12.9 percentage points lower than the commercially insured population. This is most likely due to the data limitation that prevents analysis of APCD data limiting to substance use services delivered by behavioral health providers. The analysis also demonstrates that Medicaid members as a whole are accessing mental health services in Wasatch County at a rate 19.9 percentage points higher than the commercially insured population. Provider penetration rates for Medicaid are higher for both sets of services in the respective counties.

The analysis demonstrates the State's compliance with the access standard in Section 1902(a)(30)(A).

## Other Components Included in the AMRP



- Mechanisms for Beneficiary (Member) and Provider Feedback
- Other Department Programs That Ensure Access to Care, examples include:
  - Transportation services
  - Physician and dental rate enhancements in rural areas
  - Telehealth
  - Local health department contracts
- Resources such as FQHCs, RHCs, and Safety Net Clinics
- Description of monitoring procedures
- Data limitations